THE SHIFT

The Perimenopause Sexual Wellness *Checklist*

A private, practical guide to intimacy, desire and body confidence through the hormonal shift — and well beyond it.

HOPE MORRISON

shiftmethodcourse.com

Before you begin

If desire has gone quiet, if your body responds differently than it used to, or if intimacy has started to feel like something you manage rather than enjoy — nothing has gone wrong with you. These are predictable, physiological changes of the perimenopausal transition, and almost every one of them can be improved.

The problem is that very few women are ever handed a map. Sexual wellbeing sits in the blind spot between GP appointments that run to fifteen minutes and a culture that still treats midlife desire as a punchline. This checklist is that map.

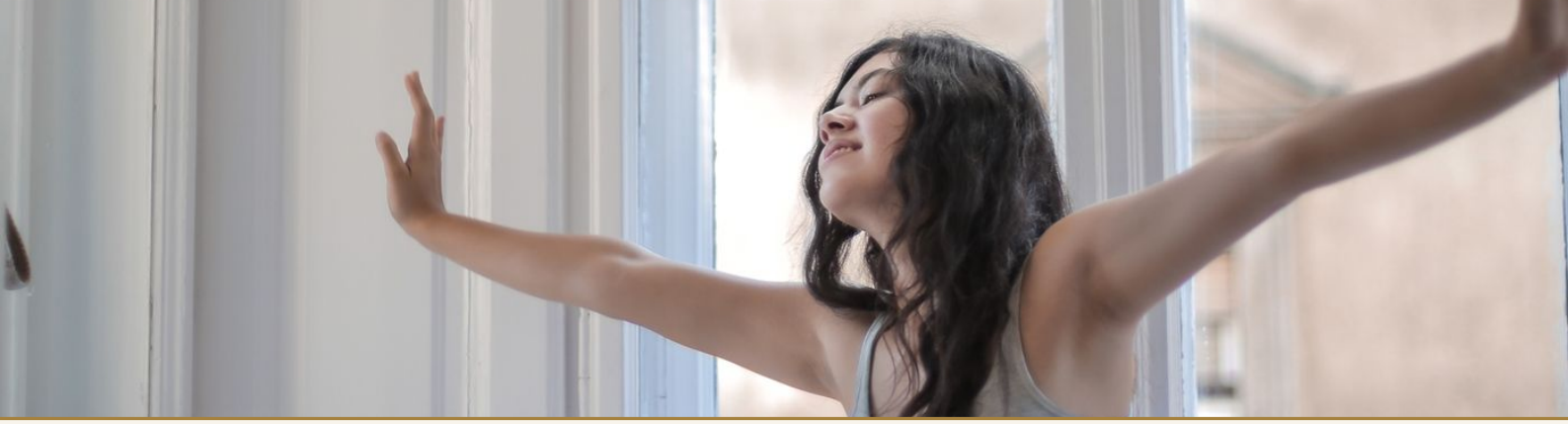
It is not a test, and it is not homework. Work through it in any order, over weeks or months. Tick an item once you've explored it, tried it, or talked it through with the right person. Some items are conversations to have with a clinician; some belong with a pelvic health physiotherapist; many you can begin at home tonight.

Keep it somewhere private if that feels right. Bring it to your next appointment if that feels brave. Either way — every item on this list is legitimate healthcare, and you're allowed to take up room asking about it.

How the tags work

GP VISIT	A conversation worth having with your GP, gynaecologist or menopause-trained doctor.
PHYSIO	Best explored with a pelvic health physiotherapist — no referral needed in Australia.
AT HOME	Something you can start on your own, at home, without waiting for anyone.

Tick the box when you've explored it — not when you've perfected it.



First, understand the shift

You can't work with a body you've been given no information about.

☐ AT HOME

Map where you actually are in the transition

Perimenopause often begins in your late 30s or early 40s, long before periods stop. Track your cycle length, sleep, mood and any new symptoms for two months — this record is worth more to a good clinician than any single blood test.

☐ AT HOME

Learn why oestrogen changes touch your whole body

Oestrogen receptors sit in the brain, skin, joints, bladder, and genital tissue — not just the reproductive system. When levels fluctuate and fall, sensation, lubrication, mood and tissue resilience can all change together. Understanding this dissolves a lot of unnecessary shame.

☐ AT HOME

Get to know the two types of desire

Spontaneous desire (wanting out of nowhere) commonly fades in midlife, while responsive desire (interest that builds once you're already engaged and relaxed) becomes the norm. Responsive desire is not lesser desire — it simply asks you to create the conditions first.

☐ GP VISIT

Ask whether your symptoms fit genitourinary syndrome of menopause

Dryness, burning, irritation, discomfort with sex, urinary urgency and repeat UTIs often share one hormonal root. It's chronically underdiagnosed, it worsens without treatment, and it responds extremely well to local therapy — so name it directly in your appointment.

Comfort, tissue & bladder

The unglamorous foundations that make everything else possible.

- [ ] GP VISIT

Discuss vaginal (local) oestrogen

Low-dose vaginal oestrogen restores tissue thickness, elasticity and natural moisture, and reduces recurrent UTIs. It acts locally, is regarded as safe for most women — including many who can't use systemic hormone therapy — and is available in Australia as creams and pessaries.

- [ ] GP VISIT

Ask where menopausal hormone therapy (MHT) fits for you

If low mood, flushes, sleep disruption and low desire are travelling together, treating the whole hormonal picture may serve you better than chasing symptoms one by one. Ask for an individualised risk–benefit discussion rather than a blanket yes or no.

- [ ] GP VISIT

Review your medications for sexual side effects

Some antidepressants, blood pressure medications and antihistamines can dampen desire, arousal or orgasm. Never stop anything on your own — but do ask your prescriber whether a dose change or alternative could give you your responsiveness back.

- [ ] AT HOME

Separate your lubricant from your moisturiser

A lubricant reduces friction in the moment; a vaginal moisturiser, used consistently a few times a week, maintains everyday tissue comfort. You likely need both. Choose pH-balanced, iso-osmolar formulas and skip anything with glycerine, fragrance or 'tingle' effects.

- [ ] AT HOME

Take recurrent UTIs seriously as a hormonal signal

If you're suddenly getting UTIs after decades without them, thinning urogenital tissue is the likely driver. Treat the cause, not just each infection — this is one of the strongest reasons to raise local oestrogen with your doctor.

Desire, arousal & pleasure

Desire didn't leave. It changed its language.

- [ ] AT HOME

Audit the conditions your desire now needs

Midlife desire is context-dependent: rest, mental quiet, feeling unhurried and un-touched-out all matter more than they did at 30. List what reliably switches you off (exhaustion, resentment, feeling watched) and what switches you on — then treat that list as data, not indulgence.

- [ ] AT HOME

Schedule intimacy without apologising for it

Planned intimacy isn't unromantic; it's how responsive desire works. Anticipation is foreplay. Protect a window where connection is possible and let arousal arrive once you're there, rather than requiring it as the entry ticket.

- [ ] AT HOME

Bring vibration into the toolkit

Genital blood flow and nerve sensitivity decline with falling oestrogen, which can make orgasm slower or fainter. Vibration compensates directly for both. If this is new territory, start simply — externally, alone, curious rather than goal-driven.

- [ ] GP VISIT

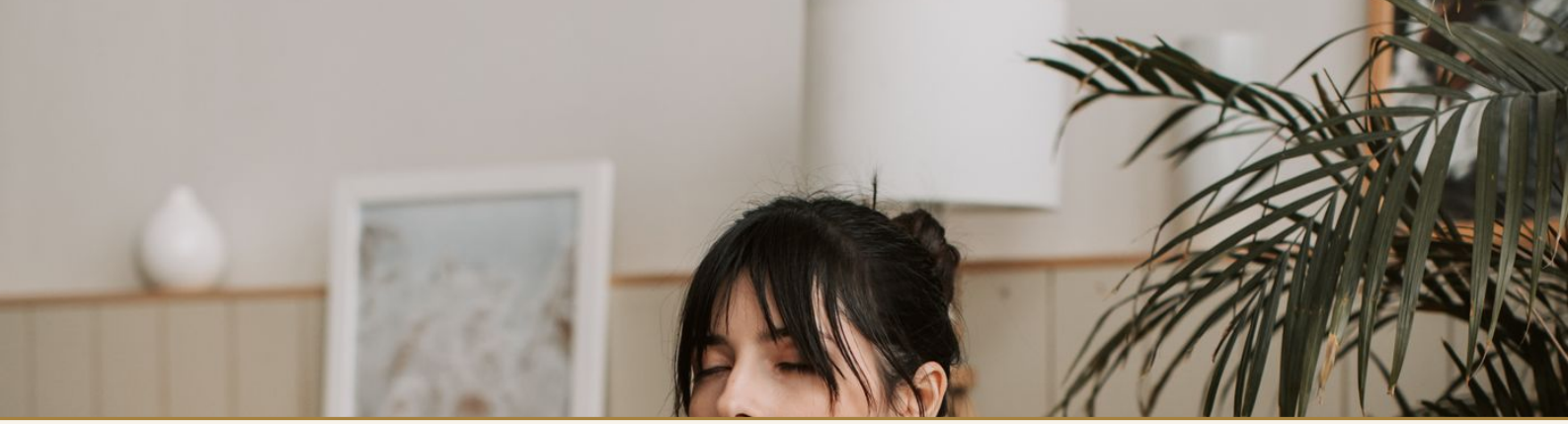
Ask about testosterone for low desire

Australia is one of the few countries with a testosterone cream formulated for women (AndroFeme), supported for hypoactive sexual desire in postmenopausal women. If low desire is causing you genuine distress, this is a legitimate, evidence-based conversation to open.

- [ ] AT HOME

Expand the definition beyond intercourse

If penetration is currently uncomfortable, pausing it is not failing — persisting through pain trains your nervous system to brace against intimacy. Keep touch, massage, oral and outer stimulation on the menu while you address the underlying tissue and muscle issues.



Your pelvic floor

The most overlooked muscle group in women's health.

- [ ] PHYSIO

Learn the signs your pelvic floor needs attention

Leaking with laughter or exercise, heaviness or dragging sensations, pain with penetration, difficulty fully emptying, or weaker orgasms can all point to pelvic floor dysfunction — and it can be too tight just as easily as too weak.

- [ ] PHYSIO

Book a pelvic health physiotherapy assessment

In Australia you can see a pelvic health physio without a referral, and a GP chronic disease management plan may subsidise visits. One internal assessment tells you more than years of guessing — and blanket Kegels are the wrong prescription for a hypertonic floor.

- [ ] PHYSIO

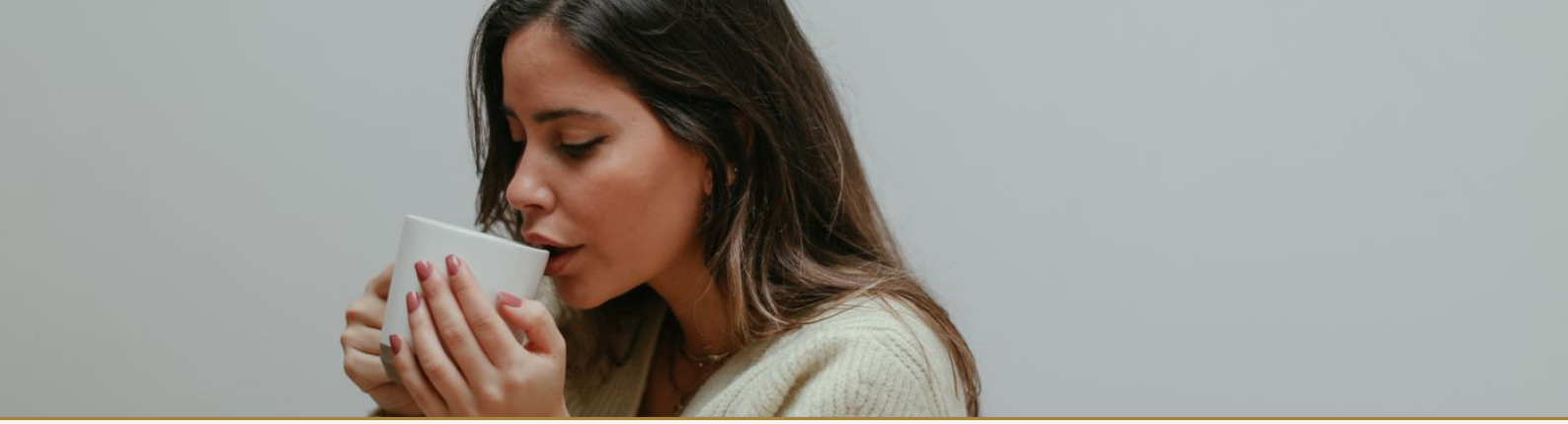
Practise letting go, not just squeezing

Stress, bracing and 'holding it together' live in the pelvic floor. Daily diaphragmatic breathing with a full, soft exhale teaches these muscles to release — which is often the missing half of both comfort and orgasm.

- [ ] GP VISIT

Ask who else belongs on your care team

Persistent pain, bladder symptoms or vulvar skin changes may warrant a gynaecologist, urogynaecologist or vulval dermatology clinic. You are allowed to ask for referrals by name — a dismissive first answer is a reason to ask again, not to stop asking.



Mind, mood & the stories you carry

The brain is the largest sexual organ you own.

☐ AT HOME

Name the beliefs that arrived before you did

Most of us absorbed scripts about what desire 'should' look like, whose pleasure comes first, and what a desirable body is, decades before midlife. Write down three beliefs about sex you never consciously chose — seeing them on paper is the first step to retiring them.

☐ AT HOME

Treat sleep as sexual healthcare

Fragmented sleep suppresses desire, worsens mood and amplifies pain sensitivity. A consistent wake time, an alcohol-free buffer before bed and a cool, dark room do more for libido than most supplements ever will.

☐ AT HOME

Watch the load, not just the hormones

Desire struggles to surface underneath resentment, caregiving overload and mental exhaustion. If your libido vanished the same year your responsibilities doubled, that timing is not a coincidence — redistribute what you can before you medicalise everything.

☐ GP VISIT

Take mood changes to a professional, not just a journal

Perimenopause is a window of genuine vulnerability for anxiety and low mood, driven by hormonal flux — not personal weakness. Raise it explicitly with your GP, and ask whether hormonal, psychological or combined approaches fit your situation best.

☐ AT HOME

Rebuild body trust in non-sexual ways first

Strength training, dance, stretching, warm baths — anything that lets you inhabit your body with pleasure rather than judgement rebuilds the pathway that intimacy travels on. Aim for two moments of enjoyable embodiment a week and let them compound.

The conversations

Nothing on this list works in silence.

- [ ] AT HOME

Tell your partner what's happening biologically

A partner who doesn't understand the hormonal shift usually fills the silence with a worse story — that they've become unwanted. Share what you're learning in a neutral moment, outside the bedroom, and let the biology carry what blame has been carrying.

- [ ] AT HOME

Ask for what you want in positives, not corrections

'Slower', 'more of that', 'start with my back' land better than a list of what's wrong. Midlife bodies often need different touch — more warm-up, less directness, more pressure or less. Your partner cannot read the update; you have to publish it.

- [ ] AT HOME

Hold a state-of-the-union outside the bedroom

Once a month, fifteen minutes, no screens: what's working, what's missing, what would we like to try? Couples who talk about sex have better sex — the conversation is the intervention.

- [ ] GP VISIT

Rehearse one sentence that opens the clinical door

Something as simple as: 'Sex has become uncomfortable and my desire has dropped — I'd like to look at the options.' Say it in the first two minutes of the appointment, before the time disappears. Write it at the top of this page if it helps.

- [ ] AT HOME

Consider a psychosexual or couples therapist

If the same argument keeps orbiting your intimacy, a trained third party can break the loop faster than another year of trying harder. In Australia, look for therapists accredited with the Society of Australian Sexologists.

Advocate like it matters — because it does

You are the CEO of this body. Everyone else is a consultant.

- [ ] GP VISIT

Find a doctor who is actually trained in menopause

Most medical degrees devote almost no time to menopausal medicine. Search the Australasian Menopause Society's find-a-doctor directory, or ask directly: 'What's your experience treating perimenopausal sexual symptoms?' The answer tells you everything.

- [ ] AT HOME

Refuse 'it's just your age' as a final answer

Painful sex, vanished desire, repeat UTIs and sleepless nights are common — and treatable. Common and normal are not the same thing. If a clinician shrugs, the consultation has failed, not your body.

- [ ] AT HOME

Prepare a one-page brief before each appointment

Your top three symptoms, how long, what you've tried, and what you want assessed. Handing this over reclaims ten minutes of a fifteen-minute consult and makes you very hard to dismiss.

- [ ] GP VISIT

Use telehealth if local care falls short

Menopause-trained doctors now consult Australia-wide by telehealth, and longer menopause health assessments attract Medicare rebates. Distance and postcode are no longer reasons to go without informed care.

- [ ] AT HOME

Start now, wherever you are in the transition

Tissue health, pelvic strength, desire patterns and relationship habits all respond best to early attention. The women who move through this transition well are rarely the luckiest — they're the ones who started paying attention first.

This is not the end of your story. It's the edit.

You've just read more about midlife sexual health than most women are ever offered. Don't let it stay theoretical — choose one ticked box to act on this week, one conversation to have this month, and one appointment to book before the season turns.

Your desire, your comfort and your confidence are not luxuries to be earned once everything else is handled. They are health. Treat them with the same seriousness you'd give your heart, your bones, or anyone you love.

READY TO GO DEEPER?

THE SHIFT — The Perimenopause Method

A complete, step-by-step programme for hormones, body, mind and intimacy in perimenopause. Founding cohort opens 18 October 2026.

shiftmethodcourse.com

With you in the shift,
Hope